

UnitedHealthcare® Group Medicare Advantage HMO and PPO Plans

Frequently Asked Questions & Answers

Do I need Original Medicare (Part A and Part B)?

Yes, in order to be eligible for these UnitedHealthcare® Group Medicare Advantage plans, you must be enrolled in Medicare Parts A & B. You must also continue to pay your Medicare Part B monthly premium to the government.

What doctors can I use? What do I need to know about the UnitedHealthcare® provider network?

For Group Medicare Advantage HMO

The UnitedHealthcare® Group Medicare Advantage (HMO) plan is a Health Maintenance Organization (HMO) plan. That means you must get care through the UnitedHealthcare network of local doctors and hospitals. Your primary care provider (PCP) oversees your care and, in some cases, may refer you to a specialist. You can find out if your doctor is in the network by calling UnitedHealthcare customer service toll-free at **1-844-876-6161**, TTY **711**, 8 a.m. – 8 p.m., local time, 7 days a week. You can also lookup doctors online at www.UHCRetiree.com/asrs.

For Group Medicare Advantage PPO

The UnitedHealthcare® Group Medicare Advantage (PPO) plan is a unique Preferred Provider Organization (PPO) plan that allows you to see any provider (network or out-of-network) at the same copayment, as long as they accept the plan and have not opted out of or been excluded from Medicare. When you go out-of-network for care, the PPO plan pays providers just as much as Medicare would have paid. You pay the same out-of-pocket cost share as if you had stayed in the network.

What major hospitals are in the network?

There are many hospitals in the UnitedHealthcare network. For a full list of hospitals that are in-network, contact UnitedHealthcare customer service toll-free at **1-844-876-6161**, TTY **711**, 8 a.m. – 8 p.m., local time, 7 days a week. Remember, with the PPO plan, the hospital does not have to be in the network in order for you to receive services under this plan.



What is the difference between in-network and out-of-network providers? How does this difference affect the total amount that I can expect to pay for services when using out-of-network providers?

Network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract.

For Group Medicare Advantage HMO

To receive your full coverage through your plan, you will need to choose a primary care provider (PCP) from our local network. Your doctor may already be in our network. Your primary care provider will help refer you to specialists when needed. If you see a network provider, you'll pay a copay for the services you receive. If you see an out-of-network provider, you may pay the full cost of the services you receive.

For Group Medicare Advantage PPO

With this plan, you have the flexibility to see doctors that are both inside and outside the UnitedHealthcare network as long as the provider accepts Medicare and the plan. Unlike most PPO plans, with this plan, you pay the same copayment in and out-of-network. Also, when you go out-of-network for care, the plan pays providers just as much as Medicare would have paid.

When will I get my ID card?

Your annual ID card should arrive mid-December before your effective date of January 1, 2021. For all other enrollments throughout the year, ID cards are issued within 10 days of enrollment.

What happens if my doctor does not accept Medicare Advantage plans? What happens if a doctor accepts Medicare but doesn't accept this plan?

There are many different types of Medicare Advantage plans so it depends on what your doctor does not accept.

For Group Medicare Advantage HMO

The UnitedHealthcare® Group Medicare Advantage (HMO) plan requires a doctor to have a contract with UnitedHealthcare. If your doctor doesn't have a contract with UnitedHealthcare, they may not accept the plan. If the doctor refuses to accept this plan, you can continue to see the doctor but you pay the full cost for services. If you need help finding a doctor in the network, call UnitedHealthcare customer service toll-free at **1-844-876-6161**, TTY **711**, 8 a.m. – 8 p.m., local time, 7 days a week.

For Group Medicare Advantage PPO

The UnitedHealthcare® Group Medicare Advantage (PPO) plan does not require a doctor to have a contract with UnitedHealthcare. Under this plan, the doctor will be paid the same as Medicare. Most doctors accept this type of plan once they understand they do not need a contract and they will be paid the same as Medicare. If you contact UnitedHealthcare, we will be happy to reach out to your provider to discuss how the plan works and how they will be paid. If the doctor refuses to accept this plan, you can continue to see the doctor, pay for the services upfront and then submit the bill to UnitedHealthcare for reimbursement. You will only be responsible for the same copayment as if you had stayed in the network.

What happens if my doctor does not accept Medicare?

If your doctor has opted out of the Medicare program in its entirety, you would only have coverage in an emergency situation. Less than 1% of doctors nationally have opted out of the Medicare program. If you need help finding a doctor, call UnitedHealthcare customer service toll-free at **1-844-876-6161**, TTY **711**, 8 a.m. – 8 p.m., local time, 7 days a week. If you want additional choices, go to **www.Medicare.gov/physiciancompare** for a listing of doctors who participate in Medicare.

What is the most I will have to spend out-of-pocket for prescription drugs?

There is no actual limit on how much you can spend out-of-pocket on prescription drugs. However, once you have spent \$6,550 out of your pocket in drug expenses, you pay a small copay or coinsurance amount and stay in this stage for the rest of the plan year.

What pharmacies are in the plan's network?

The UnitedHealthcare® network includes over 67,000 national chain, regional, local and independent neighborhood pharmacies. Once you are a member, you will be able to look up pharmacies online or request a printed pharmacy directory by calling customer service at the number on the back of your member ID card. You can also call customer service to check if a pharmacy is in-network, or to get pharmacy contact information.

What is the SilverSneakers® program?

SilverSneakers® helps you stay physically active by providing access to exercise equipment, classes and more at 17,000 fitness locations.* SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness and include a range of options from using light hand weights to more intense circuit training.

*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

What is the UnitedHealthcare® HouseCalls program?

UnitedHealthcare HouseCalls is an annual wellness program designed to complement your doctor's care and offered to you for no extra cost. The program sends a licensed health care practitioner to visit you at home. During the visit, they will review your medical history and current medications, perform a health screening, identify health risks, and provide health education. It's also a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider so that he/she has this additional information regarding your health. HouseCalls may not be available in all areas.

What is the UnitedHealthcare® Virtual Visits program?

A virtual visit lets you see a doctor from your computer, tablet or smartphone anytime. Virtual Doctor Visits are covered under your health plan benefits and you may choose from an AmWell or Doctor on Demand network provider and pay \$0 for the visit.

What is Medicare Part D IRMAA and does it apply to me?

IRMAA stands for Income Related Monthly Adjustment Amount. Similar to Medicare Part B, high-income earners will pay more for their Medicare Part D coverage. If you are a member of a Medicare plan that includes prescription drug coverage and your Modified Adjusted Gross Income on your IRS tax return is above \$87,000 for an individual or \$174,000 for a couple, you may pay an additional amount for Medicare Part D coverage. The extra amount is paid directly to Social Security, not to your plan.

If you are subject to IRMAA, Social Security will send you a letter. The letter will explain how they determined the amount you must pay and the actual IRMAA amount. Neither ASRS/PSPRS nor your health plan determines who will be subject to IRMAA. Therefore, if you disagree with the amount you must pay, contact the Social Security Administration. You can:

- Go online to **www.ssa.gov**
- Call Social Security at **1-800-772-1213**, TTY **1-800-325-0778**
- Visit your local Social Security office

What if I have trouble paying for my prescription drugs?

If you have trouble paying for your prescription drugs and have a limited income you may qualify to get Extra Help from Medicare. If you qualify, Medicare can help pay for some of the cost of your prescriptions. There's no penalty for applying, and you can re-apply every year. Contact Medicare to see if you qualify.

- Call Medicare at **1-800-633-4227**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week

Are these Medicare Advantage plans that are advertised on TV?

No. These are custom Group Medicare Advantage plans designed exclusively for ASRS and PSPRS. These plans are different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

Do I still need to use my red, white and blue Medicare card?

With the HMO and PPO plans, you will only use your UnitedHealthcare ID card for all covered medical and prescription drug services. Make sure to put your Medicare card somewhere for safekeeping. It is important that you use your UnitedHealthcare ID card each time you receive medical services or fill a prescription. By always showing your UnitedHealthcare ID card, you can help make sure that your claims get processed correctly, timely and accurately.